CERTIFICATE OF DEATH

200	2411 N. Charle	es St., Baltimore 1440	
	CERTIFICAT	TE OF DEATH Rog. Dist. No. 18.3.3.	p du
oly every item of information carefully. The correct write the causes of death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. County City or town (If outside city or fown limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	
ormatio death c	3. (a) FULL NAME Sourstance Obesl	3. (b) Social Security Number	
a of infuses of	4. Sex 5. Color ograce 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH	ZM
G INK. Supp cians: please	8, (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 19. and that I last saw h alive in 19. Issuediate cause of death occurred to the state of death occurred to the state o	
WITH UNF	12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Address Address	Other conditions	
PLEASE WRITE PLAINLY, is especially	17. (Burial, cremation, or remove) Which?) Cemetery or crematory. Location 18. Funeral director. Address 19. (Data reed by registrar) 19. (Data reed by registrar)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide. Where did injury occul? (City or town) (County) (City or town) (County) (State) Injured at home, form, industry, public place (where?) Means of injury Means of injury M. D. or other Address. Address.	146

MARGIN RESERVED FOR BINDING

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SEP 25 1946

BUREAU VE.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

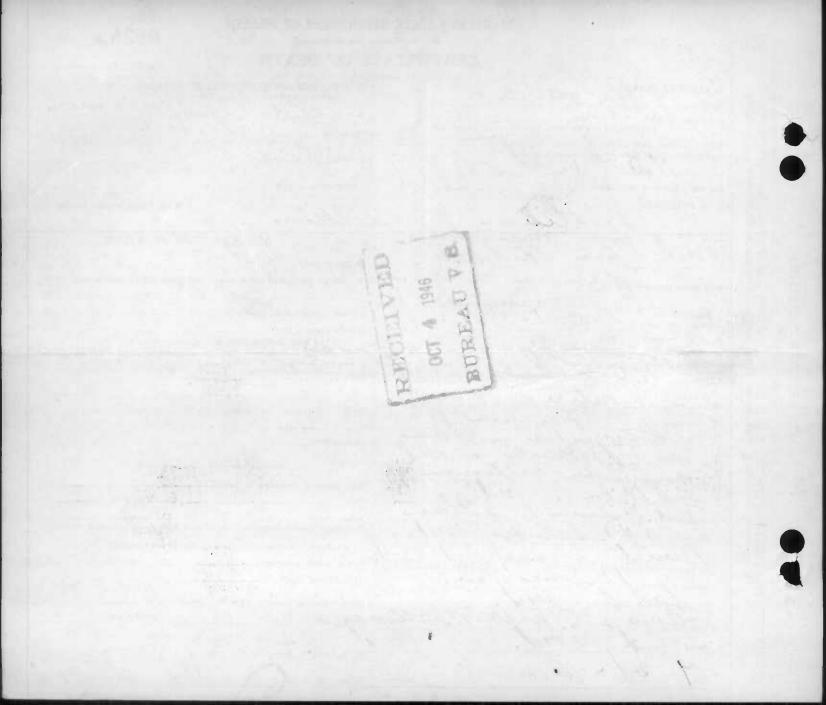
CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Wicomico	State Maryland County Somerset		
City or town. Salisbury. Maryland (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? Since Aug. 21, 1946	City or town Marion Station, Maryland (If outside city or town limits, write RURAL and give no	earest town)	
Hospital, Institution, or street address where death occurred: Eastern Shore Tuberculosis Sanatorium	Street No	yh	
How long in hospital or institution? Since Aug. 21, 1946	(If rural, give LOCATION) 2.(a) It veteran, name war		
3, (a) FULL NAME	3. (b) Social Security		
ADAMS, John Irving 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	829	
Male White Divorced		33450	
Male White Divorced	20. DATE DF DEATH. Sept. 30 19.46		
6.(6) Name of husband or wife. Gloria Somers	21. I CERTIFY that death occurred on the date above stated; that I altended dec $8/21/46$ 19 to $9/30/4$ and that I last saw h $1m$ alve on $9/29/46$	eased from 6	
7. Birth date of Dog O 3 0 3 5	and that I last saw h 1m alive on 9/29/46	19	
deceased (mo., day, yr.) Dec. 9, 1917	Immediate cause of death		
o. Ada.			
28 9 21hrsmin.	Pulmonary tuberculosis	3 yr	
9. Birthplace Marion Station, Maryland (Town, county, and state)	Due to	9 month	
1D. Usual occupation. Machinist	Due to.	***	
11. Industry or business	540 10.		
12 Name John T. Adams	Dther conditions	** *****************************	
12. Name John T. Adams 13. Birthplace Maryland			
14. Malden name Lottie Green	(Include pregnancy within 3 months of death)		
14. Malden name Lottie Green 15. Birthplace Maryland	Major findings of operations.		
	Date ot op		
16. Informant Self	Antopsy results		
Address	22. VIOLENCE: If death was due to external causes, till in the following:		
17. Burial Date thereot Oct 3 1946 (month) (day) (year)	Accident, suicide, or homicide		
(Burlal, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory Sunny Ridge Cemetery			
	Where did injury occur? (City or town) (County)		
Location R F D Crisfield, Maryland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director	Moone of Injury Injured at work?		
Add / 1/96, Crisfield, Maryland Oal	and Lud doubles	n.2	
14/3/46 goarprec 501	23. SIGNATURE M. D.	or other	
19. (Date see'd by profestors)	Salisbury, Maryland note signed	10/1/46	

OCT 10 1946
BUREAU VE

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH Reg. Dist. No. 339 1. PLACE OF DEAT 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant give residence of moth County..... (If outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and outside city or town limits, write RURAL and give nearest town) How long in above place of death?. Hospital, Institution or street address where death occurred (If rural, give LOCATION) How long in hospital or institution? 2.(a) If veteran, name war 3. (a) FULL NAME 3, (b) Social Security Number Supply every item of MARGIN RESERVED FOR BINDING de above stated; that I attended deceased from 7. Birth date of deceased (mo., day, yr.) DURATION Immediate cause of death 8. AGE: Years Physicians: 10. Usual occupation 11. Industry or busings important. (Include pregnancy within 3 months of death) Major findings of operations. WRITE PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: (mosth) (day) (year) Accident, suicide, or homicide.. Where did injury occur? (City or town) (County) injured at home, farm, industry, public place (where?) ... Injured at work? PLEASE M. D. or other Date signed



CERTIFICATE OF DEATH

age			les St., Baltimore 46-8	LTH	09390
Place age		CERTIFICA	TE OF DEATH	Reg. D	ist. No. 333
Connly. The Connly	OF DEATH: Salution (If outside eity or townstimita, write in above place of death?		State	County LLL	Councill and give nearest sown)
3.(a) FU	LL NAME			3. (b) Soci	al Security Number
g g	ses andrew				no
Jo Ses Mal	5. Color or race 6.(a)Sing	te, married, widowed, or divorced	ME 20. DATE OF DEATH	Dical CERTIFICA	TION 20L, 1
6.(b) Name 7. Birth date deceased 8. AGE:	of husband or wife	(c) If alive, give age year It iess than ono day hrs. min	aug 31,	d on the date bore stated; that i	attended deceased from 19 4 6 19 4 6 DURATION 7-14d
9. Birtholar	21 1/2	stote)	Due to	<u> </u>	?
	ne George Cop		Dither conditions Carbon (Include pregn	nancy within 3 months of death)	i 7day
Ily importa	thplace renfamare	h	Major findings of operations Antopsy results	Date	
H 20	Station	oreof State 9-46 (ponth) (day) (year)			llowing; Date of
Tocation Location	Near Parley	slewart		public place (where?)	
18. Funera Address 19	Salinlin 19d/6, Ha	haigh to high	23. SIGNATURE WILL Address SOY N.	During Lt.	M. D. or other Date signed 1, 147194

MARGIN RESERVED FOR BINDING

SEP 10 1946
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 93-2 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED. (For pewhorn infant, give residence of moth (If outside city or town limits, write RURAL and give nearest town) town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Istilution pr street gedress where death occurred: (If rural, give LOCATION) How long in hospital or institution? 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorce 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(6) Name of husband or wife..... B. (c) If allve, give (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 25. VIOLE ICE: If death was due to external causes, fill in the following: Accident, suiside, or homiside..... Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury

M. D. or other

MARGIN RESERVED

PLEASE

important.

especially

1. PLACE OF DEATH

3. (a) FULL NAME

deceased (mo., day, yr.)

8. AGE:

9. Birthplace

10. Usual occupation... 11. Industry or business

13. Birthpiace

legibly

information carefully of death clearly and

of causes

FOR BINDING

OCT 5 1946
BUREAU VE

(H) MARGIN RESERVED FOR BINDING

VS A15

	n)	MAKILAND STATE DEPARTMENT OF HI
M	8.6	2411 N. Charlee St., Baltimore 83-0
37	ect	CERTIFICATE OF DEATH

HEALTH

2411	N.	Charlee	St.,	Baltimore	(89-0)
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2411	N.	Charlee	St.,	Baltimore	83-0
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	Dist		1-2	73.	-	
			13	450	7.30	
D	TA - A	D.7 -	1			

09392

1. PLACE OF DEATH: \(\frac{1}{2}\).	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infarts give residence of mother)
(If outside city or town limits, write KURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give necrest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mary 2. Beac	3. (b) Social Security Number
4. Sex 5. Color or race 6.(4) Single, married, widowsu, or divorcad	MEDICAL CERTIFICATION
I White married	20. DATE OF DEATH 9-23 1946, at 10 PM
gen 7 Beach	21. I CERATY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife	19.45 to 14.4. 18.45.4.
7. 8 irth date of	and that I last saw h 2 alive on 11/12 10 14 L
deceased (mo., day, yr.)	Immediate cause of deeth Cyrunic DURATION
8. AGE: Years Months Days If less than one day	4 days
7/ 2 4/3grsmin.	
8. Birthplace Mardela Vice Md.	Due to Suproled corollar / formor hay fast 4 gr
(Town, county, and state)	
19, Usual occupation.	Due to / try Justinson Factoris
11. Industry or business	solicism'
12. Name Cornelis M. Conglish	Other conditions
	10 L 0
14. Maiden name douisa H. Stright	(Include pregnancy within 8 months of death)
14. Maiden name Louisa H. Hight 15. Birthplace 1	Major findings of operations.
Tan A R	
18. Informani W	PHYSICIAN: Please underline the cense to which death should be charged statistically.
Address Mardela, 11d 1.N.	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Durial Pale thereof 9-25-1946 (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Family have gard	Where did injury occur?
m-tlola (m)	
Location R	Injured at home, farm, Industry, public place (where?)
18. Funeral director Traveur / 3205	means or injury injured at work?
Address Sharptonn	Alt. La mola
9/25/46 WANNIGHT	23. SIGNATURE. M. D. or other
(Date sec'd by registrar) Registrar	Address / July Bate claned 9/24/46



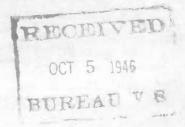
09393

CERTIFICATE OF DEATH

			0	9	9
og.	Diat.	No.	3.	1.5	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or town	State County County
(If outside city or town limits write RUKAL and give hearest town)	City or tewn
How long in above place of death? 15 hours death occurred	(If outside city of town innes, write ROARI and give access own,
Hospital, Institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
torda Bornehamb	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or dispreed	MEDICAL CERTIFICATION
T. 0 . 0 . 0	l. A. l. 22 46 . 10:30 A.
newste white sugte	
8,(b) Name of hueband or wife	21. CERTIFY that death occurred on the date above etated; that I attended deceased from
4	July 1 19.46, 10 2 4 2 2 18 46
7. Birth date of years	and that I last saw h. 12 alive on
deceased (mo., day, yr.) Without 1858	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	Tissues acul Del' At I will
88hrsmin.	
	0/ 20
9. Birthplace(Town, county and state)	Duo to Clance hay and to be
The country and seed of	Cars D. A. 10 & O. D.
19. Usual occupation.	Due to
11. Industry or business	
E 12 Name Turkiouw	Ches conditions were Carles cleans to
	(Include pregnancy within 3 months of death)
14. Malden name. Current State of the state	Major findings of operations
14. Malden name. Lukuoww 15. Birthplace	Date of op.
Jana Many a. Duncans	Autopsy results.
18. Informant	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Address Shelltader, Wd	22. VIOLENCE: If death was due to external causes, till in the following;
17 Burial Bale thereof Sept 23, 1946	
(Burial, cremation, or ramoval, Which?) Dale thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Juinton	Where did injury occur?
Parale Rusal	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director Henry H. Wolton	McGris W. Viljery
Com Ist cit md.	Sur to Duel and has a
Address Cocomora Cuy, Ma.	23. SIGNATURE M. D. or other
19 9 /23, 19 d/6: Harriel E. John	2000
Registrar	addition Mary VIOO Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legably.



09394

90	2411 N. Charle	es St., Baltimore (2)
64	CERTIFICAT	TE OF DEATH Reg. Dist. No. 333
on carefully. The correlarity and legibly.	City or town. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State
information care of death clearly	3. (a) FULL NAME Cohn Phillis Bennett	3. (b) Social Security Number
m of iniuses of	1. Sex S. Color or race Sa) Single, married, widowed, or divorced Male White	MEDICAL CERTIFICATION 20. DATE OF DEATH. September 2, 19.46 at 10 R M
Supply every item of ease write the causes	6.(b) Name of husband or wife. Estable Mulling. Sexually 7. Birth date of deceased (mo., day, yr.) Much 26, 1874 8. AGE: Years Norths Days If less than one day 12 5 Ms. /days hrs. min.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 119. 119. 119. 119. 119. 119. 11
G INK.	9. Birthplace Manager Mangland (Town, county, and eighte) 19. Usual occupation Little And Andrew Towns Town	Due to Creat garge and 2 days
WITH UNFADIN important. Physi	11. Industry or business 12. Name Deschard 13. Birthplace 14. Malden name AMAN Marsh Cook	Other conditions (Include pregnancy within 3 months of death) (Include pregnancy within 3 months of death) Major findings of operations (Newstages)
. >	18. Intermani Mu Warry O Bensett Address Mardela Shungis Md.	Antopsy results. PHYSICIAN: Please woderline the cause to which death should be charged statistically.
E P	17. (Burlat, cremation, or removal, Which?) Cemetery or crematory. Cemetery or crematory. Comparison of the control of the	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
LEASE WRIT	18. Funeral director of AMACA MARKETTANA Address Alfradu Mark	Means of injury Means of injury
PLE	19. 9/9 18 HG. Haggiet & St.	23. SIGNATURE M. D. or other LAND Date signed 13/1/1

SEP 20 1916
BUREAU V

Supply every item of information carefully. The correct age lease write the causes of death clearly and legibly. WITH UNFADING INK. Physicians:

MARGIN RESERVED FOR BINDING

1. PLACE OF BEATH:

County

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09395

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- Bull	V T 1	4 4	V-4-3			N LIF	7 7 7	и

2. USUAL R (For new

	Reg. Dist. No.
ESIDENCE (HOME) 0	F DECRASED!
born infarts give residence of	mother Come Co
T	4, 4-

How long in above place of death?	Streef No. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME Henry Fulton Br	3. (b) Social Security Number	
4. Sex 5. Color or rice 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20, DATE DF DEATH 19 19 19 19 19 19 19 19 19 19 19 19 19	
8.(b) Name of husband or wife 3	CERTIFY that death occurred on the date above stated: that I attended deseased from	
deceased (mo., day, yr.) duc, 1 4 4 3 5 8. AGE: Years Months Days It less than one day	Immediate cause of death	
9. Birthplace	Due to Qualetis wellitus 204	
10. Usual occupation	Due to	
12. Name	Other conditions	
14. Maiden name Premote 2nd	Major findings of operations	

(If outside city or town limits, write KLIRAL and give nearest town)

HYSIGIAN: Mease underline the cause to which death should be charged statistically.

VIOLENCER If death was due to external causes, fill in the following; Accident, suicide, or homicid

(City or town) (Coonty) (State)

injured at home, farm, industry, public place (where?)

injured at work?

M. D. or other

Surial, cremation, or remeal. Which?

Registrar

(day) (year)

Address..

VS A15

PLEASE WRITE PLAINLY, is especially

SEP 26 1946
BUREAU V.E.

2411 N. Charles St., Baltimore 932

69396

CERTIFICATE OF DEATH

1. PLACE OF D			2. USUAL RESIDENCE (HOMI (For newborn infants give residen	E) OF DECEASED:
	Lea			
City or town	Salisbury	nits, write RURAL and give nearest town)		CountyWisomico
		Years	City or town	timits, write RURAL and give nearest town)
Hospital, Institution,	or street address where d	eath occurred:	Street No. 104 W. Isabe	lla St.
104 W	est Isabella	St.	(If rural	, give LOCATION)
How long in hospital	or institution?		2.(a) It veteran, name war	
3. (a) FULL NAI	ME			3. (b) Social Security Number
4. Sex	5. Color or race	6. d) Single, marries in the chorced	MEDICAL	L CERTIFICATION
Female	white	widowed	20. DATE OF DEATH Sept	46
& (b) Name of husbar	nd or wife Marion	V. Brewington		ate above stated: that I attended deceased from
0,(0) 112110 01 110000				19 10 Sept 11 19 to
7. Birth date of			and that I last saw halive on	Sept 10 19 46
deceased (mo., da)	MOT	90 ys 1867 It less than one day	Immediate cause of death	DURATION 1
o. Aut.	ars Months	2	Carebral Ne	mort hoge, Newster
78	10	hrsmin.		
a Pletholaca ST	oow Hill Ms	mrl and	Bue to habenteuse	ve Cardio vascular
		county, and state)	Diseas	0
10. Usual occupation	none		Bue to.	
11. Industry or busin	iess		Δ	
# 12 Home Re	The Who	S. Fulton	Bither conditions Several	ised Anteriorclarou's
12. NameRe	Scotland	D. Fulton	Other Committee	8
		0 1	(Include pregnancy wit	hin 3 months of death)
14. Malden nam	neNancy	Organ	Major findings of operations	cove_
15. Birthplace	Ohio			
10 Informant +	(Indestrue in	An V. Brewington	Autopsy results.	
			PHYSICIAN: Please underline the cause	to which death should be charged statistically.
Address	Salisbury, 1	Ad.	22. VIOLENCEs If death was due to exter	nal causes, till in the following;
17. Bur	ial on, or removal, Which?)	Date thereotSept	Accident, suicide, or homicide	Date of
			Where did injury occur?(City or t	own) (County) (State)
Cemetery or crem	atoryParsons	Gemetery		
Location	Salisbury 1	(d.,		ace (where?)
			Means of Injury	tylured at work?
18. Funeral director. The Hill & Johnson Co.		D.K.	Itama not	
Address	Salisbury,	100	A3. SIGNATURE	M. D. or other
10 9/	2 019	Bargial Ex	mond D.	
(Date rec'd by	registrat)	Registrar	Address Address	914/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

. VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

440)
1100

CERTIFICATE OF DEATH

0939 Reg. Dist. No. 237

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County 2 Una Miles	Sigie Md. County Welconics
(If outside city or town limits, write RURAL and give nearest town)	h D)
How long In above place of death? Leteture	City or town
Hospital, Institution, or street address wheel death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veieran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Ralugh Wunn	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w married	20. DATE DE DEATH. Se 10 1 26 19 46 21 11,20PM
25 + 10	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Sept 25 1946, to Sept 26 1946
7. Birth date of	and that I last saw h Long alive on Soft 26 19 76
deceased (mo., day, yr.) Feb. 9, 187	
8. AGE: , Years Months Days If less than one day	7 4 422
75 7 17hrsmin.	Coursey of the second
9. Birthplace Bualive, Wicomics, Md	Due to alterio relevore >
(Town, county, and state)	
1D. Usual occupation	Due to
11. Industry or business	
= 12. Name William William	Dither conditions
\$ 13. Birthplace gestervelle, md.	(Include pregnancy within 3 months of death)
14. Maiden pome adeline Covington	
	Major findings of operations.
15. Birthplace gestervelle, md.	
16. Informani Jange W. T. Susley	Autopsy results
Address Bulle, md.	
13 Billian Palathornal 9 /29/46	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremaiory Cemetery - Insley	Where did injury occur?
Location By calve, And.	Injured at home, farm, industry, public place (where?)
o et manda ela	Means of Injury Injured at work?
18. Funeral director.	p1. Sq. 100
Address Budlue, Md.	23. SIDNATURE M. D. or other
19. Deta resistar) 19 46 Mashford Registrar	Address Nanteche Date signed 7-19-46



2411 N. Charles St., Baltimore 83-0

CERTIFICATE OF DEATH

09398

L.			3	5	7
Reg.	Dist.	No.		·	.f

	/ •
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Wiconico	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County County County
How long to above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
William Franklin &	evans
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH. Sept. 10 - 19440 at 3:30 P- N
6.(b) Name of husband or wife Minnies 16. Evans	21. I CERTIFY that death occurred on the date above stated; that I attended decrease thom
6.(c) If allve, give age 7.0 ye	ars 19 19 19 19
7. 8irth date of - 1 / 1 / 0	and that I last sall alive of 19
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
76 10 29hrs.	in. dealt
a Richard Water view Wecomes, m.	Al posts
9. Birthplace Wall (Town, county, and state)	Due to
10. Usual occupation. 20 alla should	Due to
11. Industry or business	
12 Name Probert S, Evans	Other conditions Provides careful 2 400
12. Name Orobert S. Evans	landy
5 . Sa Bles By a do house)	(Include pregnancy within 3 months of death)
14. Malden nameS. celly Bradshoers 15. Birthplace 5 mills Island, M	Major findings of eperations.
El 15. Birthplace Sullis Secured 1	Dato of op.
16. Informant Missile G. Elland	Autopsy results.
Address Waterview, md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof 9/12/46	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial cremation, or removal. Which?) Date thereof (monph) (day) (year)	Accident, Suicide, or nomicide
Cemetery or crematory. Idea Les Les Les	Where did injury occur?
Location Danterobe Mal	Injured at home, farm, industry, public place (where?)
18. Funeral director. P. G. Messeck	Means of Injury Injured at work?
Address Bivalue, md.	defeatement was
Sele 10 111 Polite One De	23. SIGNATURE
(Date rec'd by registrar) Registr	ar Address Dalisbury Mid Date signed 9/12/46

PLEASE WRITE PLAINLY, WITH UNFADING KK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

SEP 27 1946
BUREAU V B.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	2411 N. Charles St., Baltimore (3)	H Rer. Diat. No. 333
County	2. USUAL RESIDENC (For newborn infar State	CE (HOME) OF DECEASED: nts give residence of mother) County W. S. County County W. S. Coun
How long in hospital or institution?	2.(a) If veteran, name war.	3. (b) Social Security Number
Male While W.	down 20. Date of Death	MEDICAL CERTIFICATION Sight 2 1946 112-5
6.(b) Name of husband or wife. 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If Sirthplace. 9. Birthplace. 10. Usual occupation. 11. Industry or business 12. Mame 13. Birthplace 14. Maiden name 15. Birthplace	Ilive, give age years 1889 I less lhan one day Inmediate cause of death I less cause of death I less lhan one day Due to less Due to line conditions (Include Major findings of operations) Alexandrean cause of death I less saw less I mediate cause of death I less saw less I mediate cause of death I less saw less I mediate cause of death I less saw less I mediate cause of death I less saw less I mediate cause of death I less saw less I mediate cause of death I less saw less I mediate cause of death I less saw less I mediate cause of death I less saw less I mediate cause of death I less saw less I mediate cause of death I less saw less I mediate cause of death I less saw less I mediate cause of death I less saw less I mediate cause of death I less saw less I mediate cause of death I less saw less I mediate cause of death I less saw less I mediate cause of death I less saw less I mediate cause of death I less saw less I mediate cause of death I less saw less saw less I mediate cause of death I less saw les	Jeworthage New Yes
Address 17. (Burial, cremation, or removal, Which thereof Cemetery or crematory. Control of the control of	PHYSICIAN: Please und 22. VIOLENCE: death Accident, suicide, or nome Where did injury occur?	was due fo external causes, fill in the following; cide

OCT 7 1946
RUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 93-1) CERTIFICATE OF DEATH Reg. Dist. No. ... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If jutside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) information carefull of death clearly and How long in above place of death?. Hospital, Institution, or street address, where death occurred Street No (If rural, give LOCATION) How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION causes of item 21. I CERTIFY that death occurred on the tate above stated; that I attended deceased from write 7. Birth date of deceased (mo., day, yr.) Supply DURATION Months It less than one day Days 8. AGE: ease pl ADING INK Physicians: 1 (Town, county, and state) 10. Usual occupation... 11. Industry or business important. (Include pregnancy within 3 months of death) 14. Malden name Major findings of operations...... PLAINLY especiall PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide..... (Burial, cremation, or removal, Which? Where did injury occur? EASE WRITE (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Meens of Injury injured at work? M. D. or other egistrar Address.

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SEP 26 1946
RUREAU V.B.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

09401 Reg. Diat. No. 333

The state of the s	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	11. P.
(If outside city or town limits, write RURAL and give no rest town)	3
How long In above place of death? Alout of moules	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. no.
7760-	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Wallie Johnson	n
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Semale a. a. Mudane	20. DATE OF DEATH September 2 19.46, 21 1:30A. M
Police of Sel	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
8,6) Name of husband or wife. C.	4-16 1946, 10 aug. 31 1946
8. Off alive, give age vears	(11.0 2)
7. Birth date of deceased (mo., day, yr.) /873	
8. AGE: Years Months Days It less than one day	Immediate cause of death Coronactory DURATION
73hrsmln.	occusion 16.
(6)	
9. Birthplace (Town, county, and glate)	Contributory Cause,
×1	myocardial Damage 4-16-46
10. Usual occupation. T. a. C. M. C.	Due to.
11. Industry or business Same as aleque	
= 12. Name de rank Paller	Other conditions
12. Name of sank Salli 13. Birtholace Sanake wa.	
	(Include pregnancy within 3 months of death)
14. Maiden name Amelia Walker 15. Birtholace Phanklin va,	Major findings of operations.
\$ 15. 8 tholacs Manfalun Na,	Oate of op
16. Interment Kathrine angula.	Autopsy results.
(a) 7 in a 1-	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address quantité grad	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof Adjuly (4 - 4 6 month) (day) (year)	Accident, suicide, or homicide
19 1 9.	
Cemetery or crematory.	Where did injury occur?
Location Frankle mc	Injured at home, farm, Industry, public place (where?)
4. Latin	Means of Injury Injured at work?
18. Funeral director 18. Funer	
Address O Dalishury and	Letter mode, Ill.
9/11/11/19/11/	23. SIGNATURE M. D. or other
19. (Cuto rec's by registrar) 190/6 1. Table 6 19 yegistrat	Address 200 Man S Gard Date stened 9-4-46

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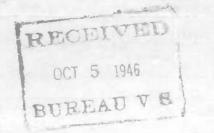
MARYLAND STATE DEPARTMENT OF HEALTH

09402

CERTIFICATE OF DEATH

2411 N. Charl	lea St., Baltimore
CERTIFICAT	TE OF DEATH Reg. Dist. No. 333
Ounty	2. USUAL RESIDENCE (I-TOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) ti veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mole White Sex S. Color or race . S.(a) Single, married, widowed, or divorced "	MEDICAL CERTIFICATION 20. DATE DF DEATH September 25 1846 01 7/2
6.(6) Name of husband or wife DAADA 100 100 100 100 100 100 100 100 100 10	and that I tast sawn 1 alive on 18. Immediate cause of death DURATIC The coreland Hermology 7/14
9. Birthplace	Due to Jawoll Left am 9/19
12. Name	Other conditions been a like g/14
16. Informant Cool Schemes	Major findings of operations Date of op. 1/23 Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17 Bartal, cremation, or remover Which? (Burlal, cremation, or remover Which?)	22. VfOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide. Accident Date of 9/14/4
Commetery or crematory Advances Occurrences	Where did injury occur?
Address Ded Selablesco Md. Q 1 9. 4 11 15 26 49. O	13. SIGHATURE Make May 3 am 1. D. or other, Address Dale Sury Mill Date signed \$1/2.3

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CERTIFICATE OF DEATH

2411 N. Char	rles St., Baltimore 83-0
CERTIFICA	TE OF DEATH Reg. Dist. No. 335
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single_marked, widowed, or divorced Sex Sex Second or or race Sex S	ars and that I last saw alive on 19 DURATION Immediate cause of death DURATION
9. Birthplace. 2 Vongs Wasernie Co. 700 10. Usual occupation. A Superior Co. 11. Industry or business	Due to
12. Name. William Jurilley 13. Birthplace Wangs Wrongsaw, 14. Maiden name Macy Wikite	
16. Informant Address Alexandra Date thereof Address (Burial, cremation, or regional. Which?)	Accident, suicide, or homicide
Cemetery or crematory Assum Cennelly Location Salizary Mill 18. Funeral director. The Hills Jahnan	Where dld Injury occur?
19. (Date fee's) by registrar) 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	23. SIGNATURE M. D. proper July Address Date signed 2

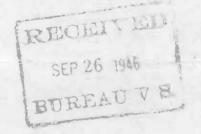
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2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city op fown limit, write RURAL and give nearest town). 3. (b) Social Security Number MÉDICAL CERTIFICATION THE DENTIFY that death occurred on the date above stated; that I attended deceased from (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause tu which desth should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following: (State) (County)



ERTIFICATE OF DEATH

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		CERTIFICAT	TE OF DEATH Reg. Diat. No. 333		
1. PLACE OF DEATH: County Wicomico City or town. Salisbury (If outside city of town limits, write RURAL and give nearest town) How long in above place of death?		its, write RURAL and give nearest town) 7. Years. eath occurred:	Street No		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male	white	married	20. DATE OF DEATH		
7. Birth date of deceased (mo da) 8. AGE: Yes	y, yr.) July ars Months	12 Morris 6.(c) It alive, give age 62 years 17 1878 1878	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19		
9. Birthplace		M311	Bye 10. Bye 10		
11. Industry or business Owner 12. Name Thomas C. Morris 13. Birthplace Wicomico Co. Md 14. Malden name Eliza C. Williams 15. Birthplace Wicomico Co. Md 16. IntermanMrs. L. Merrill Morris Address Salisbury, Md 17. Burial (Burial, cremation, nr remnyal, Which?) Cemetery or crematory Date thereot. Sept. 4. 1946 (month) (day) (year) Cemetery or crematory Location Salisbury, Md 18. Funeral director. The Hill & Johnson Co. Address Salisbury, Md			(Include pregnancy within 3 months of death) Major fiadings of operations. Bate of op.		
			Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, till in the following: Accident, suicide, or homicides		
			Where did injury occur? (Cit) or town) (County (State) injured at home, farm, industry, public place (where?) Means of injury injured at work? 23. SIGNATURE M. D. nr other / Address Date signed M. D. nr other / D		

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1002

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CERTIFICATE OF DEATH

4			-	-	
Reg.	Diat.	No.	. T.		3

1. PLACE OF T	EATH: LComico		•	2. USUAL RESIDENCE (HOME) U. (For newborn infants give residence of	mother)		
County	alisbury			State Maryland Cou	inty W1COM1CO		
City or town(1	If outside city or town	limits, write I	RURAL and give nearest town)	City or town Salisbury			
Now long in above bis	ace of death?2	Dave		(If outside city or town limits	s, write RURAL and give near		
Hospital, Institution.	ala General	death occurre	el .	Street No Route #3			
Fentans	Tra Generat	Dayss		(If rural, give	LOCATION)		
How long in hospital	l or institution?	nana a		2.(a) It veleran, name war			
3. (a) FULL NA	ME				3. (b) Social Security 1	Number	
5. (6) 1022 1111							
	John Thom	as Mun:	OPQ		TOWNE TO LETTON		
4. Sex	5. Color or race	6.(a)5ing	ie, married, widowed, or divorced	11	ERTIFICATION	0.70	
Male	White		Wid.	20. DATE OF DEATH Sept. 4 t	h. 46	9.10 p	
				21. I CERTIFY hat death occurred on the date abo			
6.(b) Name of husba	and or wife	nia Jal	Munford	1 hua 21 . 1	+6 sept 4	1.46	
	20.0	6.0	(c) If alive, give agDeadyears			46	
7. Birth date of	9.7	· 00	7005	and that I last saw h	P. C		
deceased (mo., da		ber.28	ti less than one day	Immediate cause of death		DURATION	
8. AGE:	ears Months	Days	ti less than one day				
60	9	24	hrs mln.	ulmmary link		***************************************	
	Parsonsburg	Md.		Oue to	0.000		
9. Birthplace	(Town	, county, and	state)	Thronk Hete			
an ti I conunction	Farmer an	d Chic	kens Grower				
	- 11	11 11	11	Oue to		***************************************	
11. industry or busi	ohn Edward	Mampan	A		0 = 00 + 00 = 1 = 1 = 0 + 00 + 00 + 00 +		
12. Name	-		<u>u</u>	Other conditions			
13. Birthplace	Parsonsbur						
-				(Include pregnancy within 3			
王 14. Maiden na	me Parsonsbu	irg Md.	***************************************	Major findings of operations	>		
14. Maiden na 15. 8irthplace							
M	Parwilson N	fre Wil	son Lingo	Antoney results			
18. Informant	Ta. "ILLON !	le wal e-	a	PHYSICIAN: Please underline the cause to w	which death should he charged	statistically.	
Address	rsonsburg M	er A ren	· ·	22. VIOLENCE: If death was due to external ca			
		Onto Abo	mol				
Burial	tion, or removal. Which	i?)	reol Septo (Lay) 1946				
Remotery or con-	Parsons	burg 0	hurch Cemetery	Where did injury occur?(City or town)	(County)	(State)	
Par	sonsburg Ma	aryland	•••••••••••••••••••••••••••••••••••••••	Injured at home, farm, Industry, public place (
Location	201120112						
40 5 . 10 .	Wallarear I	Co Po	r. Duston He	Cotagosovinas	Injured at work?		
18. Funeral directs	o. WOTTOMSA	- O+ - O	2 d abanes Md	Va MI	1		
Address 52	30 E. Church	a St. S	alisbury Md.	23. SIGNATURE Month Gray	(Mh)		
01	6 11	r las.	AA Oat	23. SIGNALUNE.		or other	
19	6, 1946	2.1 F6a8	real to the	salishing	Date signed.	9/6/46	

SEP 20 1946 RUREAU V B.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

- 1		
	1. PLACE OF DEATH: Ulilamilah	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
		State Old County Alikamila
	City or town Dall (If outside city or town limits, write ROKAL and give nearest town)	City or town Salinleury and PHI: W.
	How long in above place of death? The Hospital institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
	Peninsula General Hashilat	Sireet No. (If rural, give LOCATION)
	How long in hospital or institution? of au toaya	2.(a) if veteran, name war
	3. (a) FULL NAME	3. (b) Social Security Number
	Othell Varine	no
	4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	female a.a. Dingle.	2D. DATE DF DEATH 19 at
	A.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	7. Birth date of	and that I last saw h Annualive on Dept 2/ 19/6
	deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
	8. AGE: Years Months Days If less than one day	auco Bughlod was 10 dg
	9. Birthplace Sale (Town, county and state)	Due fo
	10. Usual occupation School July	Lola al aneura
	11. Industry or business Same as Block	Due 10.
	12. Name La faración de la faración	Other conditions
	13. Birthplace Company	(Include pregnancy within 3 months of death)
	14. Maiden name Cttill / furne	Major findings of operations
	15. 8irthpiace Salialung Ford	Date of op.
	16. Informant Margaret Thader	Autopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically.
	Address Sallahury Ind	22. VIOLENCE: If death was due to external causes, fill in the following;
	(Burial, cremation, or removal, Which) (Burial, cremation, or removal, Which)	Accident, suicide, or homicide
	Cemetery or crematory 911 t Calvery	Where did injury occur?
	Location of fruitland and	Injured at home, farm, industry, public place (where?)
	18. Funeral director Alanges M. Stewart	Means of Injury Injured at work?
	Address / Salislury md	yte & man 1
	9/36- NI sto 179. 00	M. D. or other
	(Dat ry d by registrar)	Address Date signed 2 2/4

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The correct age gibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Sounty // Learnes	Dela
City or town (If outside city or town limits, write RURAL and give neerest town)	State County County
How long in above place of dealh?	City or town
How long in above place of dealh?	4 9 4 8 - 4
nospital, institution, of street audiess where	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Thomas Edward to	when none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Que la la l'ita manieral	20. DATE OF DEATH. Seft 23 19 46 at 2-154
mare reperse	
6.(b) Name of husband or wife sugget to the	21. I CERTIEY that dealh occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age	52/1.23 1940, 10 27 23 1946
7 Birth date of	and that I last saw h
deceased (mo., day, yr.) Oct - 1- 18 75	Immediate cause of death fourth Driver DURATION
8. AGE: Years Months Days It less than one day	Marshy
70hrsmin.	A
a Richaige Wicomics mayland	Que to Arligio Delicen of allache
9. Birthplace	of my ma lection may
10. Usual occupation. Detered Spackers	Due to.
11. Industry or business Railroad	Due 10
12. Name Scott Parker 13. Birthplace Wicomico County Rad.	Dther conditions
	(include pregnancy within 3 months of death)
14. Maiden name Eliza Hastifys 15. Birthplace Sursex county Del	
S 15 Birthologo See See Court the Deli	Major fiadings of operations.
Au : Do	
18. Informant	PHYSICIAN: Please underlise the cause to which death should be charged statistically.
Address Delphar Delawal	
Berrial 9-25-46	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or eremetery On C	Where did injury occur?
D.O. D.O.	Injured at home, farm, industry, public place (where?)
Location Demonstration	
18. Funeral director W. S. Spanel Co	Means of injury injured at work?
Address Delawa Delawa	fit-tanal
Audiess Carmar, Carmar	23. SIGNATURE M. D. or other
19 7 - 24 1046 Harry 6. Kudsor	De Colon Altage
(Date rec'd by registrar) Registrar	Address Date signed Address

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MARYLAND STATE DEPARTMENT OF HEALTH

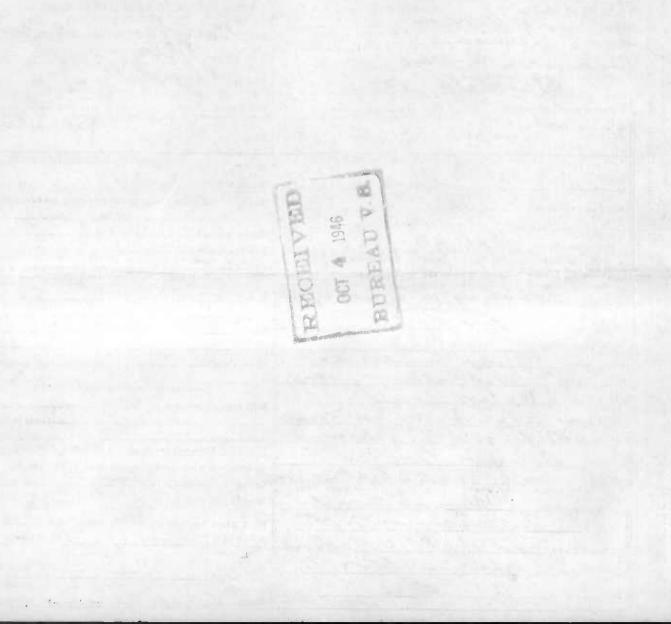
CERTIFICATE OF DEATH

Reg. Dist. No. 933

	arles St., Baltimore
CERTIFICA	ATE OF DEATH Roy, Dist. No. 333
1. PLACE OF DEATH County City or town. (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? Hospital, institution or side address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants gift residence of mother) State
How long In hospital castitution?	
3. (a) FULL NAME Parsous, Elward De	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male W Single	20. DATE OF DEATH. 9 12 19 46 et 12
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattendad deceased from
6.(c) If alive, give ageye	and that I last saw h
deceased (mo., day, yr.) CCC 80, 1741	Immediate cause of death OURATIO
8. AGE: Years Months Days If less than one day	Bullet wound of brain suda
4 10 18m	sin.
9. Birthplace. Salisony Wiscomet C, 72 (Town country, and state)	Due to
10. Usual occupation	- Due to
11. Industry or business	000 10
	Other conditions
12. Name Omes as Passen	
	(Include pregnancy within 3 months of death)
14. Malden name. Helen fine 15. Birthplace Wrownie w, ma	Major findings of operations.
E 15. Birthplace Wisconice w, ma	Cate of op.
madamen of Parame	Autopsy results.
16. Intermant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Belsman MC	
17 Bural Date thereof Sept 20, 19	22. VIOLENCE: If death was due to external causes, Ill in the following;
(Burial, cremation, or removed. Which?) Oale thereof (day) (year)	Accident, suicide, or homicide
Cemetery or crematory aracus Cemular	Where did injury occur? (City ur town) (County) (State)
Self- Commercial Comme	
Location Solution	Injured at home, farm, Industry, public place (where?)
The Hill & Mahm	Means of injury Unloaded Jagury Injured at work? 200
18. Funeral director	a fixed by brother
Address Salesbury, MC	Jakedenshor und
9/90 11/ ADD A-1.	22 SIGNATURE Slepsely histard Gon M. B. or other
19. The registration of the Property of the Registration of the Re	

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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

8 8 8 E		es St., Baltimore 93-
rect	CERTIFICAL	TE OF DEATH Rog. Dist. No. 333
ion carefully. The corclearly and legibly	1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For neyro,) interits give residence of mother) State
information of death clea	3. (a) FULL NAME Sallie Polh	3. (b) Social Security Number
G INK. Supply every item of cians: please write the causes	4. See 5. Char or wife 6.(a)Single, married, widowed, or divorced 8.(b) Name of husband or wife 6.(c) that alive, give age 6.(c) that alive, give age	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death continued on the date above stated; that I attended deseased from 19. to 19. and that I last saw h 19. Improduate cause of death Duration Due to
WITH UNFADIN important. Physi	11. Industry or presents 12. Name And all and Harling 13. Bipholate Victornic C. Md 14. Maiden name Little Calling 15. Birthgiace Victornic G. Md	Diher conditions (Include pregnancy within 3 months of death) Major findings of uperations.
WRITE PLAINLY, Wis especially in	to Information and Information of the Information o	Autopsy results
PLEASE	18. Fungaldirets Address Lalify Md 19. (Date roe'd by registrary 19/46.1. Hassief Wegistrar	23. SIGNATURE MYMMU M. D. or other 28 Address Salvshynn Date signed 154

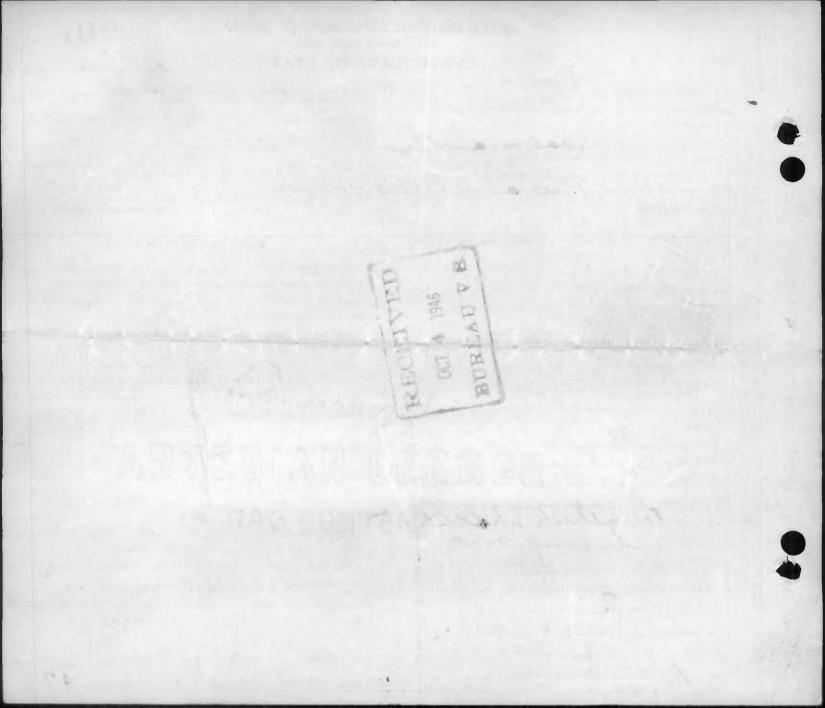
OCT 8 1946
BUREAU V 8.

CERTIFICATE OF DEATH

	arles St., Baltimore (334)
CERTIFICA	ATE OF DEATH Reg. Dist. No. 33
1. PLACE OF DEATH: Willmila	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town, Calculate city or town timits, write RURAL and give nearest town)	City or town Salashury med
How long in above place of dealh?	City or town (If outside city or town limits write RURAL and give peacest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	J. Z.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 6. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lemple a.a. married	20. DATE OF DEATH Sefet 15 19.46 21.510 A.
6.(b) Name of husband or wife James & Moris line	21. I CERTIFY that deal woccurred on the dale above stated; that I attended deceased from
7. Birth dale of	ears and that I last saw h. C.Y. alive on 9/14 18.46
deceased (mo., day, yr.) / about 1879	Immediate cause of death RECKYPENT CE TECTO DURATION
8. AGE: Years Months Days It less than one daymm	nin hemotrage
8. Birthplace (arab (Town, county and stage)	Due to Hypertensive Cardio-Vas
10. Usual occupation A augustus	Duc to
tt. Industry or business Seme las above	Du0 to
E 12. Name Un Brawn	Diher conditions
13. Birthplace Cumpanaum	(Include pregnancy within 3 months of death)
14. Maiden name Emeline Parker	Major findings of operations
2 15. Birthplace Caragnalying and	Date of op.
16. Intermant Elizabeth Shockley	Antopsy results
Address Salshury mad	22. VIOLENC of death was due to external causes, till in the following:
(Burial, cremation, or removal, Which (uponth) (day) (year)	
Cemetery of grematory. Than alone	Where did injury occur (City of town) (State)
Location & apralice sty 923	Injured at home farm, Industry, audic place (where?)
18. Funeral director Amely Stewart	Means of Injury Injured at work?
Address / Salesbury ma	123 SIGNETURES DE LE STEUSON M.D.
19. 9/88, 10/61 Hagged 25	hus Jalisburg, M. J. or other

MARGIN RESERVED FOR BINDING

VS A15

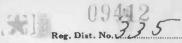


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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 767



1. PLACE OF DEATH: County. Wicomico. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? How long in hospital or institution? CERTIFICATE OF DEATH Reg. Diat. No. 32 (For newborn infants give residence of mother) (For newborn infants give reside	
	own)
3. (a) FULL NAME Rogers, Hobart 3. (b) Social Security Numb	er
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced MEDICAL CERTIFICATION	6 P-M
49 11 10 hrs. min. 9. Birthplace George town. Sussex Co., Del. 10. Usual occupation. Lumberman 11. Industry or business Lumber. Mill. 12. Name. Albert Rogers. 13. Birthplace Delaware.	DURATION 5 Mus
14. Malden name. Emma Littleton 15. Birthplace Delawar: 16. Informant. Mrs. Ammenia Rogers. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. The Union Cametary. Location. Georgetown, Dela. 18. Funeral director. Address Georgetown, Del. Autopsy results. PHYSICIAN: Please underline the cause to which death shoold be charged statistic day (year). (City or town). (County). (State of injury). (City or town). (County). (County). (City or town). (City or town). (County). (City or town). (14b

SERIZ 1916
SUBEAU V. B.

2411 N. Charles St., Baltimore 131-8

CERTIFICATE OF DEATH

(19413 Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Wicomico	(Ear newborn infants give regidence of mother)
City or town Salis but y (If outside city or town limits, write RURAL and give nearest town)	State Mary Land County Milanies
(If outside city or town limits, write KURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3. ASAS. Hospital, Institution, or street address where death occurred:	
Peninsula General Hospital	Street No.
	(If rural, give LOCATION)
How long in hospital or institution? 3 day,5	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Shockley, Mr. John	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Male White Harried	8-1-127 116 HA
LIBITE WHITE HEAVIED	20. DATE OF DEATH Seft 2 1 19.46, 21. 4 P. M
8.(6) Name of husband or wife build Shockly	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5.(v) nemo di masonia di vita	Seft 7 5 1946 19 Sefet 2/18 46
7. Birth date of	years and that I last saw h
deceased (mo., day, yr.) (28 - 1890	Immediate cause of death
8. AGE: Years Months Days If less than one day	Wysern 10day
567 29hrs.	
9. Birthplace Minimin County On	Due to
9. Birmpiace (Town, county, and state)	. 4
10. Usual occupation	
2	Buo 10. Chronolphorms
11. industry or business	
12. Name Daylor Stockly	Dther conditions
\$ 13. Birthplace Priconico Courty, In	(Include pregnancy within 3 months of death)
El gard	
14. Maiden name	Major findings of operatious.
15. Birthplace griomics county, In	Bale of op.
16 Informant Sulu Shockly	Autopsy results
0000/1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Salestony, Still	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which') Dale thereof. 2 9 19 (month) (day) (year)	Accident, evicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or exematery.	Where did injury occur?
Location Della and	Injured at home, farm, industry, public place (where?)
m & 2 (C)	Meens of injury injured at work?
18. Funeral director.	
Address Vlelmor, Llef	23. SIONATURE WWW. M. D.
a 18.9' Hi con 129(M. D. or other
(Date reed by registrate)	strar Address Date signed SMT3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The dorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

	2411 N. Charle	es St., Baltimore 85-0	00213
b .	CERTIFICAT	TE OF DEATH	Reg. Dist. No. 383
L PLACE OF DEATH Gorne		2. USUAL RESIDENCE (HON	ME) OF DECEASED:
City or town	and give nearest town)	City or town	wn limits, write RigRAL and five nearest town)
How long in above place of death?	7.	Street No/05 Esa	ral, give LOCATION)
How long in hospital or institution?		2.(a) If veteran, name war	•••••••••••••••••••••••••••••••••••••••
3. (a) FULL NAME Ca	al so	nith	3. (b) Social Security Number
Male The 6.(a) Spele, marri	ed, widowed, or divorces	MEDIC 2D. DATE OF DEATH	al certification
6.(b) Name of husband or will all the	Smith 43	21. I CERTIFY that death occurred on the	date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr. 4449, 16-7)	ve, give age years	and that t tast saw harmalive on	DURATI
8. AGE: Years Months Days If I	ess than one dayhrsmin.	Con O of	Humbye 192
9. Birthplace (Town, county, and state)	nd	Due to	lul
10. Usual occupation	tim	Due to	
12. Mark Merica Cy. Cy. Med.	mith	Dither conditions	
14. Maiden nam Amanda / 15. Bhythplace Ma. C. M.d.	eggin	(Include pregnancy of Major findings of operations	within 3 months of death)
Mr. Beech & Ma	mital		Date of op
16. Information	chily med		ase to which death should be charged statistically.
17	(month) (day) (year)	22. VIOLENCE: If death was due to ex Accident, suicide, or homicide	Date of
Cemetery or cremelory	an.	Where did injury occur?(City o	r town) (County) (State) place (where?)
18. Enter tirefoly may to . Way	la R. Hall	Means of Jajury	Injured at work?
Address Salisty mad	1-200	23. SIGNATURE	M. D. or other
18. 9 (b) registral) 18. H. 6.1 Hogs	Reel 6 Begistrar	Address Lolis	M. D. or other

RECEIVED: SEP 26 1946 BUREAU V E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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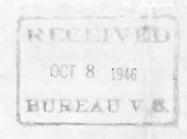
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(19415) Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Wic onico	(For newborn Infunta givo residence of mother)
City or town Salis huwy (If outside city or town limits, write RURAL and give nearest town)	State Manyland County Illians
(If outside city or town limits, write RURAL and give nearest town)	City or town 1 Delma
How long in above place of death? 34 days	City or town
Hospitat, Institution, or street address where death occurred:	Street No.
Peninsula General Hospital	(If rural, give LOCATION)
How long in hospital or institution? 34 days	2.(a) it veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
J. (a) POLL HAME	
Townsend, Shirley Anni	221-12-8941
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Single	20. DATE OF DEATH Sept. 29 19 16 18 25 21 M
ACMINIO TO THE POPULATION OF T	
S,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	8-26 19.46, 10. 9-29.19.46
7. Birth date of	and that I last saw had affive on delay 19 19
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	
22min.	Typu of Venus
0 04 100	A Marian Marian
9. Birthplace Gullan, Llik.	Due to
(Town, county, and state)	
1D. Usuat occupation	Sue to
11. Industry or business that Scharl	
	Diher conditions
12. Name Foursers 13. Birthplace Brookville and	Piner conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Zellah Munde Se 15. Birthpiace Baltimore Ind	
B. Pr. Cal	Major findings of operations.
El 15. Birthplace	Date of op.
18. Informant () D. Lownsend	Autopsy results
15000m - 101	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / Delesson del-	22. VIOLENCE: If death was due to external couses, fill in the tollowing;
(Burial, gremution, or removal Which?) Bate thereof. (month) (day) (year)	Aecident, suicide, or homicide
(Burial, cremation or removal Which?) (month) (day) (year)	
Cemetery or exemptors	Where did injury occur?
tocation dellana Leil	Injured at home, farm, industry, public place (where?)
LA C Abana A C.	Means of injury Injured at work?
16. Funeral director W. S. Marvel Co.	
Address Telmar, Delawarc	X/h Anh
1.1	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	
(Date rec'd by registrat)	Address Date signed 1 5 14 1

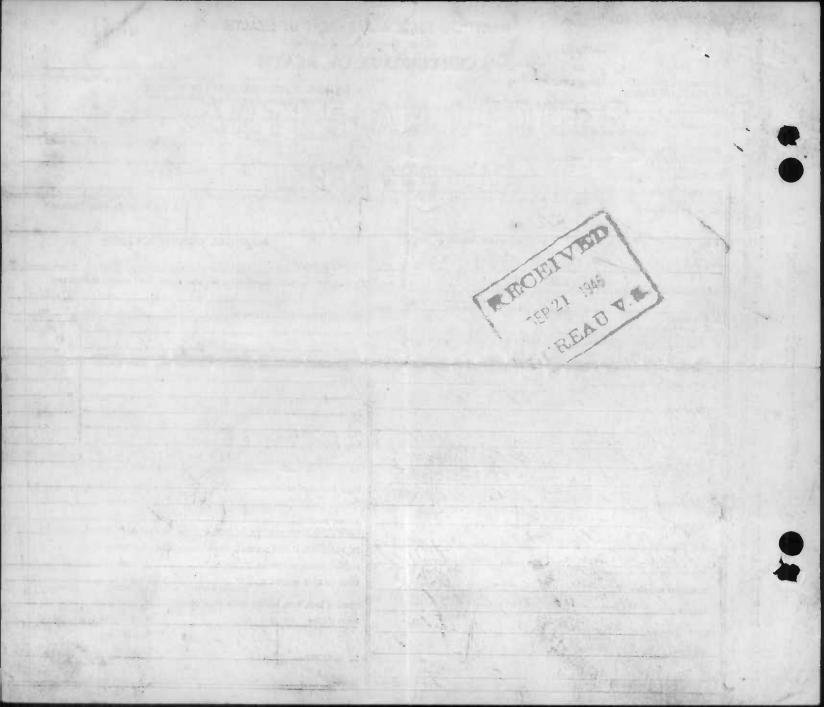


CERTIFICATE OF DEATH

1. PLACE OF DEATH: Mcomic	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants rive residence of mother)
County Jittisulle	State PNG: County McConus
(If outside city or town limes, wate RUEAL and give nearest town)	Pettorelle.
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where down occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	, 3. (b) Social Security Number
Souther S. In	utt
4. Bet 5. Rolor or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Mule O Marrie &	20. DATE OF DEATH Sept. 8 19 96 1. 4.
anna Smith In	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or Wife.	9 19 19 10 All of Aldrew
7. Birth date of deceased (mo., day, yr.) DeC. 1 1885	and that I last saw h
8. AGE: Years Months Days I fless than one day	Immediate cause of death
60 9 7 hrs. min.	Darnard Mountons.
D D D T · II	
9. 81 (Town, county, and space)	Oue to
Mus. the aut	
10. Usual occupation.	Due to
11. Industry or business	
12. Name Delentury Musy	Other canditions of the standard of the canditions of the standard of the stan
12. Name Scenetury Study 13. 8irthplace P.D. Pittingle md.	musicardial infarel in 1942
	(Include pregnancy within 3 menths of death)
14. Maiden name Hannah White 15. Birthplace & huterelle Delana	Major findings of operations.
15. Birthplace Mulinua Welawa	Date of op.
18. Informant Mrs. anna S. Druct	Actopsy results.
Petterille man Land	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address/ Address/ Address/	22. XIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (wonth) (day) (year)	Accident, suicide, or homicide
Esser Sugar Com	Where did injury occur?
Cemetery or crematory	
Location	Injured at home, farm, industry, public place (where?)
18 Francis director or a to	Meens of Injury Injured at work?
8. Mishau 19	1 to the Soul
Address Address Prince	23. SIGNATURE M. D. orother
19 9 /11 19 HO Bassett on Ath	montallista MA 9-X-41
19. (Date rec'd by régistyar)	Address / Delt and Bale signed / Date signed /

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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(Date reo d by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 37

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	174
Mounty 21 de la company de la	22-1	niced
(If outside city or town limited write RURAL and give nearest town)	State County County	
(If outside city or town limits) white RURAL and give nearest town)	City or town gesterville, ma	L
How tong in above place of death?	(If outside city or town limits, write RURAL and give near	rest town)
Hospital Institution, or street address where death occurred:	Street No	
O. J. Marpet al	(If rural, give LOCATION)	
How tong In hospital or Institution?	2.(a) If veleran, name war	
3. (a) FULL NAME	3. (b) Social Security A	Number
PD 7 7	o. (o) pressure because of	
Charles T. Lurner		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	
m pol Single	S. A. 15	1.1304
1 000	20. DATE OF DEATH Sept. 15 19.46	alCex.2.2.AM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decea	sed from
U.(O) Haine of Museum of Antonia	9-8-46 19 109-15-0	1 6 19
7. Birth date of 7. Bir	6	19
deceased (mo., day, yr.) 200. 23, 1920		DURATION
8. AGE: Years Months Days If less than one day	Immediate cause of death.	DUHATION
	Mulmonay Calma	LINA
23 7 22hrsmln.		
9. Birthplace Jesten tille Tille Met med, My	Due to Vis Encephalites	3 days.
1D. Usual occupation. Farmer	***************************************	
	Due to	
11. Industry or business		
12. Name Odolest Lurner	Dther conditions	
13. Birtholace Desterville, md.		
	(Include pregnancy within 8 months of death)	
14. Maiden name state de la constant	Major findings of operations	
2 15. Birthplace gesterville md.		
No. 4 T		
16. Informant	Autopsy results.	
Address Scoterville, md.	PHYSICIAN: Please underline the cause to which death should be charged to	canpucany.
n 1 . 0 a / 10/11/	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Buriai, cremation, or removal. Which?) Bate thereof. (month) (day) (year)	Accident, suicide, or homicide Date of	
Contrary (and)	Where did injury occur?	
Cemetery or crematory	Where did injury occur?(City or town) (County)	(State)
Location descervelle I Wich.	Injured at home, farm, industry, public ptace (where?)	
1 P Pt m	Maens of Injury tnjured at work?	
18. Funeral director	1000	
Address Budle, Ma.	Refere 14.1.	
0/10 U/ A 1 A-1 ()e/	23. SIGNATURE M. D. o	rother
19	Address Date signed	9-16-46

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SEP 25 1946

BURDARTE

CERTIFICATE OF DEATH

200	2411 N. Charle	s St., Beltimore 1860
Test S	CERTIFICAT	E OF DEATH Reg. Dist. No. 833
information carefully. The con of death clearly and legibly.	County	2. USUAL RESIDENCE (HOME) OF DECLASED: (For new of o infages give residence of mother) State City or town (If outside city, or town limits, write REAL and give nearest town) Street No. (If rural, give LOCATION)
on clea	How long in hospital or institution?	2.(a) 1 veteran, name war
ormati	3. (a) FULL NAME William Fred 9.	willey 3. (b) Social Security Number
of of	4. Sax Shale S. College or reco. 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 19/6, 3/452
·= 0	6.(6) Name of husband or wife Mannie M. Junlley	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
every ite th	7. Birth date of deceased (mo., day, yr Sent. 18-1860	and that I last saw in alive and the same an
supply ase wr	8. AGE: Years Months Days It less than one day	Immediate cause of death, DURATION
NK. S	9. Birthplace	Due 10.
Dia Co	10. Usual occupation	Due to
ADh	11. Industry or business	Ou
Er.	12. Hame Desireton Md.	Olher conditions
VITH UNI		(Include pregnancy within 3 months of death)
VITH	14. Maiden nume. Caroline Saylor 15. Birthalace Risetton J. Med.	Major findings of operations.
-	15. Birthalace Mountain Diville	Date of op.
LY,	18. Informant	HYSICIAN: Please underline the cause to which death should be charged statistically.
PLAINLY, is especially	Address Date thereol. (month) (spy) (year)	Accident, suicide, or homicide. Accident Bate of Date
日田田	Cemetery or fematory Mubris Com	Where did injury occur?
WRI	Location director way 1/4 6 Novelle P. H	Injured at homo, 1arm, industry, public place (where?)
EASE	Saluting many and	23. SHORATURE Sheporty medical & ame
PL	19. (Date ec'd by Jegistrar) 1967	100 1.0 t ml 1/24/40

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4 DI LOR OF DELETI	TE OF DEATH	Reg. Diat. No. O. O.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	
	State maryland c	ounty Worrester
City or lown. (If outside city or toyn limits, write RURAL and give nearest town)	1300	
How long in above place of death?	City or town (If outside city or town limit	its, write RURAL and give nearest towe)
Hospitat, Institution, or street address where death occurred:	Street No	
Peninsula, General Hospital		ve LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME		3. (b) Social Security Number
Trendall		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or dirorced	MEDICAL (CERTIFICATION
Esmale milite	23. DATE OF DEATH Seletencher	22 1946-11/0
West war in		Latin Transfer Tony Transfer at 1
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date a	
	ars	9, to
7. Birth date of deceased (mo., day, yr.) Sept. 22, 1946	and that I last saw halive on	<u></u>
8. AGE: Years Months Days If less than one day	Immediate cause of death	DONA
2 hrs. 3.0 m	in. Remalurely	- 6 mpc
Polit Wieneria Trans la		
9. Birthplace (Town, county, and state)	Due to	
10. Usual occupation.		
1t. Industry or business	Due to	
	2	
12. Bamo Dy dall Ms. Errest yackers 13. Birthplace & Deslevers - many and	Other conditions	
	(Include pregnancy within	8 months of death)
E 14. Maiden name. On Many	Major findings of operations	
14. Maiden name Brillingham Dorothy 15. Birthplace norriston		Date of op
t8, Informant	Autopsy results	
	PHYSICIAN: Please underline the cause to	which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external c	auses, fill in the following;
Address		Date of
	Accident, suicide, or homicide	
17		A Command Control
	Ses Others did lajury occur?(City or town	
17	Injured at home, farm, Industry, public place of	(where?)
17. (Burial, cremation, or removal, Which?) Date thereof	Ses Others did lajury occur?(City or town	
17. (Buriai, cremation, or removal, Which?) Date thereof. (mooth) (day) (year) Demotary or crematory. (mooth) (day) (year) Location. Calculation (mooth) (day) (year)	Injured at home, farm, Industry, public place of	(where?)
17. (Burial, cremation, oc. removal, Which?) Date thereof	Injured at home, farm, Industry, public place of	(where?)

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RECEIVAGE BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-4

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The same				-	-	-
7	Reg.	Dist.	No.	3	3	7

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CERT	CIEL	CATE	OF	DE	ATE

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Magazine Co	State Delawage County Sugary
City or lown(If outside city or town limits, write RURAL and give nearest town)	City or town Laurel (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Hospital, Institution, or street address where depart declared.	Street No. 305 Front Street
	(if rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Olice Vincent	none
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lemale Colored Windowed	20. DATE OF DEATH September 5, 19.46 at 8 38.10
6.(6) Name of husband or wife Milliam H. Vince at	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth daio of	and that I last saw h alive on
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death OURATION
65 6 22min.	pulmmany emsalus 5 mm.
9. Birthplace Sussey County Delaware (Toyn, county, and state)	Due to thrombophlebeties I was
10. Usual occupation	Due to
11. Industry or business Home	
12. Name Grange Hall	Diher conditions diabetes seven
13. Birthplace Sudsey County Selaware	(Include pregnancy within months of death)
14. Maiden name. Yanay	(Include pregnancy within months of death) Major findings of operations.
15. Birtiplace Sussex County Delaware	major madings of operations
16. Informant Viola B. West	Aniance results the afore
Address Lawrel Selaware R.F.D. # 1 Box 137	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: if death was due to external causes, fill in the following:
17. Burial (Burlal, cremation, or removal. Which?) Date thereof. Listenbu 9/946 (month) (day) (year)	Accident, euicide, or homicide
Cemetery or crematory Rosa Point Cemetery	Where did injury occur?
Location Near Laurel Selaware	tnjured at home, farm, Industry, public place (where?)
18. Funeral director A. J. Framptom and Son	Means of Injury Injured at work?
Address Tedelalsburg maryland	Charles M. Moyer
9 17 while from AP. Ophin	23. SIGNATURE M. D. ordeher
(Date rec'd by registrar)	Address Date signed Date signed

De moyer

SEP 20 1946
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11 1 1	ALC: CALL CO.	
60	420	
	00	

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CERTIFICATE OF

F DEATH	Reg. Dist. No. 933
JAL RESIDENCE (HOME) OF I	

H-FLACE OF DEATH: County W1COM1CO	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Olty or town Sallsbury Maryland (If outside city or town innits, write RURAL and give nearest town)	state Maryland County Wicomico	***************************************	
(If outside city or town lifaits, write RURAL and give nearest town) low long in above place of death? Since 10/31/48 lospital, institution, or street address where death occurred: astern Shore Tuberculosis Sanatorium low long in hospital or institution? Since 10/31/45	City or town. Fruitland, Marviand (If outside city or town limits, writs RURAL and give nea Street No		
3. (a) FULL NAME	3. (b) Social Security	Number	
WALTERS, William Harold			
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH Sept. 29 19 46	11:10om	
S.(b) Name of husband or wife Elsie Walters	2t. I CERTIFY that death occurred on the date above stated; that I attended decea	sed trom	
6 (c) It alive give age 25 years	Oct. 31, 1945 19 10 Sept. 2		
f. Birth date of deceased (mo., day, yr.) Jan. 1, 1915	and that I last saw h1. M. alive on Sept. 28	1945	
B. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION	
31 8 28hrsmin.	Pulmonary Tuberculosis	14	
Birthplace Deals Island, Maryland (Town, county, and state)	Que to	month	
(Town, county, and state)			
10. Usual occupation Mechanic	Oue to	•••••	
11. Industry or business		***************************************	
12. Name Willie Walters	Other conditions	***************************************	
13. Birthplace Maryland	(Include pregnancy within 3 months of death)		
14. Malden name Addle Bedsworth	Major findings of operations	0000000110001111111011110011100	
15. Birthplace Oriole, Maryland	Date of op.		
16. Intermant Self	Antopsy results		
Addreger	PHYSICIAN: Please underline the cause to which death should be charged a	itatistically.	
17 / Durid Date thered Oll, 2-199	VIOLENCE: It death was due to external causes, fill in the following:		
(Burial, cremation, or removal Which?) (month) (day) (year)	McCident, suicide, or homicide		
Cemetery of Prematory	Where did injury occur?		
Locator	Injured at home, farm, Industry, public place (where?)		
18. Fundal director Newscard	Meens of Injury Laured at work?		
Address Clark Bland Marylane	taul to		
9/21 W/ Hage 100	23. SIGHATURE JOUR SOLUTION HALL Md.	rother	
19. (Date rold by registrar)	Address Snow Hill, Md. Date signed	9/30/46	

OCT 8 1916
BUREAU V.S.

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1 PLACE OF DEATH.

MARYLAND STATE DEPARTMENT OF HEALTH

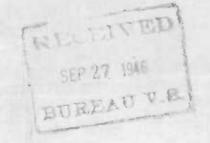
2411 N. Charles St., Baltimore 57-0

2. USUAL RESIDENCE (HOME) OF DECEASED:

09421

CERTIFICATE OF DEATH

21/16 = 26410	(For newborn infants give residance of mother)
County 2016	State md: County Juleconnico
(If outside city or town limits, write RURAL and give nearest town)	2 /2 /2
Now long in above place of death?Life.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No(If rural, give LOCATION)
M. J.	
How long in hospital or institution?	2.(a) It veteran, name war
Lynn Ward Webster	3.(b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
200	
TV W	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I RERTIFY that death occurred on the date above stated; that f attended deceased from
	July 5 76 19 10 Seft 15 19 76
7. Birth date of School of allve, give age years	and that I last saw h
deceased (mo., day, yr.) Oet. 7, 1928	
8. AGE: Years Months Days If less than one day	
17 11 7	que Horrie alesana 3 days.
hrsmin.	
9. Birtholace Waterview, Wicomics, M.	Due to Stells disease
(Town, county, and state)	
1D. Usuat occupation	
	Due to
11. Industry or business	
12. Name James Webster	Dther conditions
12. Name 12.	
E.00 - 1/10	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
\$ 15. Birthplace Birdelve, md	Date of op.
10 2.1.00	Autopsy results
16. Informant Alberta	PHYSICIAN: Plasse underline tha cause to which death should be charged statistically.
Address Waterview, 17 d.	
17 Busicel Date thereof 9/18/46	22. VIOLENCE: ti death was due to external causes, till in the following;
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory els settery Junes	Where did injury occur? (City or town) (County) (State)
man tich ma	
Location Cantito De 1 / De 1	Injured at home, tarm, industry, public place (where?)
10 Emily P. y Messick	Means of injury Injured at work?
18. Funerat director	
Address Bualle, ma.	23. SIGNATURE Rober Place my)
P. + 10 11 mr. F. Worderd Wall	M. D. or other
19. Otokog'd by registrar	Address Valuety his . Date signed 9-16.46



Dr. Long

MARGIN RESERVED FOR BINDING

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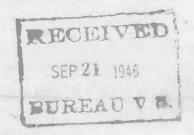
MARYLAND STATE DEPARTMENT OF HEALTH

09422

CERTIFICATE OF DEATH

2000				
Reg.	Diat.	No.	 	

2411 N. Char	les St., Baltimore (2)
CERTIFICA	TE OF DEATH Reg. Dist. No. 993
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Instituted or freet address where death aburred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant rive residence of mothed) State
3. (a) FULL NAME Hannie Catherine	2.(a) If teteran, name war
4. Sex 5. Color or recol 6. (a) Single, married, widowed, or divosced	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. LCERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: County			ie Willey	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a state Maryland Could City or town Salisbury (If outside city or town limits street No. 415 Davis S (If rural, give 2.(a) It veteran, name war.	write RURAL and give nt a LOCATION) 3. (b) Social Security	earest town)
4. Sex	5. Color or race		e. married, widowed, or divorced Single		ERTIFICATION	
Female	White	1	PTITETE	20. DATE OF DEATH Septemb		
6,(b) Name of husband	or wife			21. I CERTIFY that death occurred on the date abo	ve stated; that I attended dec	ceased from
7. Birth date of		6.(6	e) If alive, give ageyears	and that I last saw h. C. C. alive on		
deceased (mo., day,		1874		/		
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death.	maye	12 km
9. Birthplace Sal				Due to.	ou ;	3
12. NameNC	t Known			Other conditions		
14. Maiden name				(Include pregnancy within 3 m		
			hall	Autopsy results	ich death should he charge	d statistically.
17Burie (Burial, cremation Cemetery or cremate	l , or removal. Which? ory. Cambri	Date ther	ridge, Md. eof Sept. 15, 194 (month) (day) (Fear) emetery	Where did injury occur?(City or town)	Date of	(State)
			and	Injured at home, farm, industry, public place (wi Msans of injury	tnjured at work?	
The Theory	Hill & J			boleso	Gore	
18. (Dat red by re	U8 19016	1 260	agast Exemetrar	23 SIGNATURE Address Salisling Mc	M. D. Date signed	or other 9/19/46

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 93-1

Reg. Dist. No. 333

09425

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State
City or town (If outside city or town limits, write RURAL and give nearest town)	200000000000000000000000000000000000000
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
mospital, institution, of store pooless well of the store	Street No
Hew long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
annie mae Wilson	
4. Sex 5. Color or race 6.(a)Single, married; widowed, or diverced	MEDICAL CERTIFICATION
1 Medayies	20. DATE DE DEATH September 25 1946 at 16:30P M
8.(b) Name of husbaod or wife	21. I CERUFY that death occorred on the date above stated; that /aftended doceased from
	26 A 15 19 16 10 Sept 22 19 14 1.
7. Birth date of deceased (mo., day, yr.)	and that I lest saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
1/2 2/ Annin.	CARRIE Mycallilia
The test property of the	Due to. A. J.
9. Birthplace (Town, county, and state)	aller ouler ous
10. Usual occupation	Due to.
11. Industry or business A A	
E 12. Rame	Diher conditions
13. Birthplace	(Include pregnancy within 8 months of death)
14. Maldeo name	Major findings of operations
15. Birthplace	
16. Informant	Autopsy results.
Address Fol 1 MANUAL Mills	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Popum 1911 Date thereof 1919 X/14	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Location	Injured at home, farm, industry, public place (where?)
18. Funeral director Annual Management of the Ma	Means of Injury Injored at work?
Address 6/8/238/1/	Le & le man on
0/100 110000	23. SIGNATURE M. D. or other
19. Onto pool by registrary 19 That Toal Academy Registrar	Address Sales (Nextes MO). Date signed 9-25 1/46

Muse incomme

OCT 8 1945 BUREAU V.B. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

19124 Reg. Diat. No. 333

	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of methor) State. County or rown. City or rown. (If outside city or town limits, write RURAL and give nearest town) Street No
3.(a) FULL NAME Wilson, Frank	3. (b) Social Security Number 2/3-05-2058
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male Colored Disored	MEDICAL CERTIFICATION 20, DATE OF DEATH. Light 5 19 46 at 12:45 p
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
8. AGE: Years Months Days If less than one day	
10. Usual occurrence of the late of the la	Due to. Due to. Due to.
12. Kame Williams Thanks The Strike The Stri	Other conditions
14. Malden name Sussan Standa. 15. Birthplace Maryland.	Major findings of operations. Res. C. C. C. Date of op. 9/5/46
Address Renad Porcorete To 9. 17. Barriel, cremation, or removal, Which?) Bate thereof Left 18-19 (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or cremator Inion Wille Amelia Localion Rural Pocomphy Inc	Where did injury occur?
Address Poco book 701 d	The thes
19. Oute rec's by registran 19 H6 1. Halle Registra	hush of of M. D. or other



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-8)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nawborn infents give residence of mother)
County	
(If outside city of town limits, wyse RUBAL and give nearest town)	State County Cou
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No.
Jakoba J. D. Jakoba Jakoba	(If rural, give LOCATION)
How long in hospital or instillution?	2.(a) If veteran, same war
3. (a) FULL NAME	3. (b) Social Security Number
annie Mal Winder	
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
T De Sugle	20. DATE OF DEATH SALES AND 18 4 6 ATM
6.(b) Hame of husband or wite Assistant	21. I CERTIFY that death occurred on the date above stated; that Latlended deceased from
	58/gt 10 18. 4 to 10 lefg t 1618 4 to
7. Birth date of Phone 2 9 19 17	and that f last saw h
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Quematic heart lesson 2
39 3, 25 min.	/
9. Birthplace The State (Town, county, and state)	Due to
10. Usual occupation	
	Due to
11. Industry or business	
12. Rame 12.	Ciher conditions
	(Include pregnsney within 8 months of death)
14. Malden came Addressed State Stat	Major findings of operations.
15. Birthplace Southers / fig.	Bate of op.
16. Interment Eddle Della Stall	Autopsy results
Address 10 Suspendelle Brougelle N.V.	PHYSICIAN: Please underline the cause to which death abould be charged statistically.
A. 11/2/ 9/19/16/1	22. VfOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory.	Where did injury occur?
Location Addisonate fill	Injured at home, farm, Industry, public place (where?)
18. Funeral director Dashill and Landing State Comments	Meens of Injury Injured at work?
Address Glass Ma	manner mill
9/19 16 Lan' A 2. Ool	23. STOCKATURE
19.	Jalystyn MM math 16

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correct age

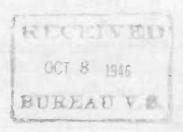
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-0

2 USUAL RESIDENCE (HOME) OF DECEASED.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County 12, 40 m 1 & 0	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Maryland county Somerset
	City or town
How long in above place of death? Kospilal, Institution, or street address where death occurred:	
7	Street No
	118 7117-1-
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Wright, Beatric	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 0.5
Female aa . Singles	20. DATE OF DEATH 9 - 2 8 19.46 at 7 7 18 M
Temale a a . Singles	
B.(b) Name of husband or wife	21 CERTIFY that death occurred on the date above stated that I attended occased from
B.(c) If allve, give ageyears	Decor 10 19 19
7 Right date of	and that I last saw h alifer of a last saw h
deceased (mo., day, yr.) 8-22-29	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one,day	Fractive shell 10km
17 • 1 6min.	Brain Jany
9. Birippiaco Salisbury, ma.	Due to.
(Town, county, and state)	oue to
10. Usual occupation Factory Worker	B I-
11. Industry or business Julany "Johns	Due to
- 4	
12. Name John Wright 13. Birthplace Eden Maryland	Other conditions
13. Birthplace Eden Maryland	(include pregnancy within 3 months of death)
14. Maltien name anne Smith	Major fiedings of operations.
15. Birliplace Matchasionas Virginia	
m 0 1. 11. 12.	Date of op.
16. Informant 11 las. annue Wright	Actopsy results
Address Frutland Maryland	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory & Len Cemeters	Where did injury occur? (City or town) (County) (State)
m 0 1	Injured at home, farm, Industry, public place (where?)
A	Means of Injury Rom over by cor Injured at work?
18. Funeral director The Stewart	as pederthan
Address 402 & Church St, Salebury Md	23 SIGNATURE JARShimater M.D.
10 /9 . Hh. Aga AD Joh	23. SIGNATURE 23. STORAGE AND STORES
19. (Date rec'd by registrar)	Address Date signed 9/20/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3/-

(142) Reg. Diat. No. 3.33.

CERTIFICATE OF DEATH

County Willow County (For newborn infants give residence of mother) City or town S. S. Clark Manual (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? S. days - 5 hrs - 55 mins City or town (If outside city or town limits, write RURAL and give nearest town) City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If raral, give LOCATION)	
City or town. City or town limits, write RURAL and give nearest town) How long in above place of death? Starys- 5 km- 55 mins Hospital, institution, or street address where death occurred: Parallel Hospital (If real, give LOCATION)	
Penisula General Hospital (If roral, give LOCATION)	r
	F
	er er
How long in hospital or institution? 8 days 5 hre- 55 muss: 2.(a) If veteran, name war.	F
3. (a) FULL NAME 3. (b) Social Security Number	
Zollner, Mr. Adolph	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diverced MEDICAL CERTIFICATION	
male white Hidorns 20, DATE OF DEATH Sept 15 19 46 at 4	105 P M
5.(6) Name of husband or wife	19.46
7. Birth date of and that I last saw histon	19
Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	**************
Medica de la companya della companya	
9. Birthplace Due to Due to Dros to the Company of the State	
10. Usual occupation Torrest of the country and state)	
11. Industry or business	
E 12. Name Unforce Diher conditions	**************
(Include programmy within 3 months of death)	
is a self of the s	
major mangs ne operations	•
16. Informant	calty.
Address 22. VIOLENCE: If dealh was due to external causes, fill in the following:	
Burial, exemption, or removal. Which?) Bate thereof (Burial, exemption, or removal. Which?) Bate thereof (Burial, exemption, or removal. Which?)	
Cometery of cramatery Ad Gella Mas Where did injury occur? (City or town) (County) (Stat	(a)
Paris at home farm industry, nublic place (where?)	
Location Meens of Injury Injured pet work?	
18. Funeral director. The state of the state	
Address Alekmar, Alek	,
19. Date recept registrate M. Date signed T	

RECEIVED

SEP 25 1946

BURLANA